

# SAMPLE 1: Great Start Readiness Program (GSRP) K-2 Follow-up Form

GSRP grantees are required by the Michigan Department of Education  
to follow progress of all children who have participated in GSRP.  
Completion of this form assists in program evaluation.

<b>Child's Name:</b>		<b>Birth Date:</b>	
School District/PSA:		Elementary School:	
Grade Level:	Kindergarten	First Grade	Second Grade
School Year:			
Teacher:			

**CHILD INFORMATION**    Below Grade Level= **BG**    At Grade Level= **GL**    Above Grade Level= **AG**

Social			
Emotional			
Self Help Skills			
Physical Growth			
Math			
Reading			
Attention Span			
Oral Language			
Special Services	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____	<input type="checkbox"/> Speech/Lang <input type="checkbox"/> Reading <input type="checkbox"/> Special Educ. <input type="checkbox"/> Other _____
Placement Next Year			

**PARENT INFORMATION**    Regularly = **R**    Occasionally = **O**    Never = **N**

Supports Child's Attendance			
Attends Parent/Teacher Conferences			
Volunteers in Classroom/School Organizations			
Supports At-Home Activities			

Please complete and return to: GSRP, 000 Sunny Drive, Your Town, MI 00000